

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/980176</b>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							61		
2							62		
3							63		
4							64		
5							65		
6							66		
7							67		
8							68		
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36							96		
37							97		
38							98		
39							99		
40							100		
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	20						TOTAL DEP.		
TOTAL CLAIMS	21						TOTAL CLAIMS		